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UNIVERSAL AMERICAN

Hilda Solis
Secretary
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Gary Jacobs
Senior Vice President
Corporate Development

209 Pennsylvania Avenue S.E.
Washington, DC 20003
202 454 5220 phone
954 328 1124 cell
202 454 5266 fax
gjacobs@universalamerican.com

Dear Secretary Solis,

I am writing this letter on behalf of Universal American, a Fortune 500 health insurance company with a leading edge care management approach, *Healthy Collaborations*, that is ground in conducting health risk assessments for the more than two million people we serve. Universal American fully supports the goal of the Genetic Information Nondiscrimination Act (GINA) to prevent improper use of genetic information in hiring practices and in the provision and pricing of health insurance. However, elements of the Oct. 7, 2009, GINA interim final rule will create significant barriers to the use of health risk assessments and adversely impact wellness and chronic disease management programs.

Therefore, I am writing this letter to encourage the Departments of Health and Human Services, Labor and the Treasury to delay implementation and enforcement of the interim final rule and to evaluate, through an interagency panel, the rule's potential impact on workplace health promotion programs.

I understand that the Oct. 7, 2009, interim final rule bars health plans, employers and others from collecting family medical history for "underwriting purposes." In so doing, the regulation expands upon the statutory definition of "underwriting purposes" to prohibit the use of discounts, rebates or adjusted deductibles in return for activities such as completing a health risk assessment (HRA) or participating in a wellness program. As such, the interim GINA regulation prohibits collecting family medical history as part of a health risk assessment if it provides an incentive for completion.

Beyond this GINA interim rule, the Administration and Congress has made clear its support for wellness and prevention for improving care and lowering cost. This is evidenced by the American Recovery and Reinvestment Act of 2009 and all major health care reform legislative proposals containing significant funding for wellness and prevention in both the public and private sectors. The GINA interim rule underwriting provisions directly contradict these goals. As Congress and the administration have vigorously promoted wellness and prevention, and we believe Congress did not intend GINA to be interpreted in a way that would conflict with to these efforts.

HRAs are evidence-based data collection tools used to identify individuals with and at risk of developing serious chronic conditions. With this information, employers and health insurers ensure that at-risk individuals receive appropriate and beneficial wellness, prevention and disease management services. The HRA is a key entry point into employee health and wellness programs. Nearly two out of three employers offer an HRA to employees, and the majority offer incentives to take it.

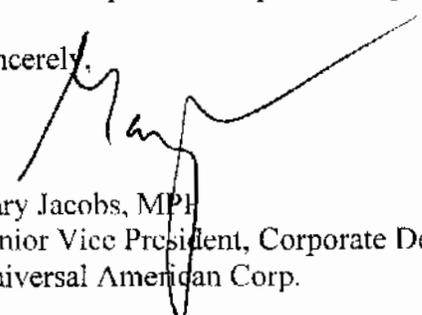
A recent study shows that individuals who complete an HRA receive needed physician care, medication and cancer screenings more often than those who do not. Incentives can serve as powerful motivators: A \$25 cash incentive can generally spur a 50 percent HRA participation rate compared with a 10 percent to 15 percent rate in programs without incentives. Research has shown a positive relationship between HRA participation rates and costs savings – an average of \$212 per participant in one study.

As you are well aware, employers have embraced workplace wellness: Two-thirds offer formal health and wellness programs, and about a third of those without programs plan to add them, many within six to 12 months. Between 2008 and 2009 there was an increase in the proportion of employers offering incentives for health and wellness and disease management programs from 62 percent of companies with programs to 73 percent in 2009. GINA offers these employers and insurers two undesirable options: 1.) removing questions about family medical history from the HRA, which will greatly diminish HRA effectiveness; or 2.) ending incentives, which will drive down HRA participation rates. Even if they forgo incentives, employers still could not use family medical history gained through an HRA to direct employees to beneficial disease management services.

In summary, employers successfully use incentives to drive employee participation in HRAs, as well as wellness and disease management programs. The interim GINA rule if enacted would curtail this good practice. The health and productivity of our nation's workforce will suffer if employers face barriers, such as those imposed by the interim GINA rule. Individuals who could benefit from wellness and disease management services will fall through the cracks. The ability to proactively treat chronic conditions will diminish, employers will experience increased health care costs and productivity losses, and people with detectable and treatable early-stage chronic conditions will go untreated.

I would be pleased to speak with you about this issue. You may contact me at 202-454-5220.

Sincerely,



Gary Jacobs, MPH
Senior Vice President, Corporate Development
Universal American Corp.

cc: Robert Kocher, MD, Special Assistant to the President, National Economic Council, The White House
Ezekiel Emanuel, MD, Special Advisor for Health Policy, Office of the Director, Office of Management and Budget

Studies Used in this Letter: Health2Resources, *2009 Survey of ERIC/NAM Employers*; *Health Affairs* (Millwood) 2009, 28(5):1532-40; 10 1377; Wellness Councils of America, *Absolute Advantage*, 2006;6(1); Serxner, Seth A. PhD, MPH; Gold, Daniel B. PhD; Grossmeier, Jessica J. MPH; Anderson, David R. PhD. "The Relationship Between Health Promotion Program Participation and Medical Costs: A Dose Response", *Journal of Occupational Environmental Medicine*, 2003;45 1196-200. Goetzel RZ, Shechter D, Ozminowski RJ, Marmet PF, Tabrizi MJ, Roemer EC. "Promising Practices in Employer Health and Productivity Management Efforts: Findings from a Benchmarking Study". *Journal Occupational Environ Medicine*, February 2007, 49(2):111-30; Finkelstein EA, Linnan LA, Tate DF, Birken BE. "A pilot study testing the effect of different levels of financial incentives on weight loss among overweight employees". *Journal of Occupational Environmental Medicine*, Sept 2007, 49(9):981-9.